

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Ambulatory Surgery Centers
Managed Care Plans

Memorandum No: 04-93 MAA
Issued: December 30, 2004

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

For Information Call:
1-800-562-6188

Subject: Ambulatory Surgery Centers: Fee Schedule Updates

Effective for dates of service on and after January 1, 2005, the Medical Assistance Administration (MAA) will adopt the 2005 Medicare Fee Schedule Database (MFSDB) Ambulatory Surgery Centers (ASC) groupers for the new January 1, 2005 CPT procedure codes.

Policy Statement

All procedures performed in an ASC are subject to the parent program guidelines. **For example:** Surgeries are subject to the Physician-Related Services Washington Administrative Code (WAC) and *Physician-Related Services Billing Instructions* and dental procedures are subject to the Dental-Related Services WAC and *Dental Program Billing Instructions*.

Procedure Code Changes

Effective for dates of service on and after January 1, 2005, MAA will add the following procedure codes to those procedures that are payable when performed or provided in an ASC:

Added Procedure Code	Brief Description	Group	Type of Prior Authorization Required
15001	Skin graft add-on	1	N/A
21120	Reconstruction of chin	7	PA
21125	Augmentation, lower jaw bone	7	N/A
29873	Knee arthroscopy/surgery	3	N/A
30220	Insert nasal septal button	3	N/A
31500	Insert emergency airway	1	N/A
31603	Incision of windpipe	1	N/A
35475	Repair arterial blockage	9	N/A
35476	Repair venous blockage	9	N/A
36834	Repair A-V aneurysm	3	N/A
37205	Transcath iv stent, percut	9	N/A
37206	Transcath iv stent/perc addl	9	N/A

Added Procedure Code	Brief Description	Group	Type of Prior Authorization Required
37500	Endoscopy ligate perf veins	3	N/A
42665	Ligation of salivary duct	7	N/A
43397	Colonoscopy w/stent	1	N/A
45327	Proctosigmoidoscopy w/stent	1	N/A
45341	Sigmoidoscopy w/ultrasound	1	N/A
45342	Sigmoidoscopy w/us guide bx	1	N/A
45345	Signoidoscopy w/stent	1	N/A
45387	Colonoscopy w/stent	1	N/A
57288	Repair bladder defect	9	EPA
62264	Epidural lysis on single day	1	N/A
67343	Release eye tissue	7	N/A

Effective for dates of service on and after February 1, 2005, MAA will delete the following procedure codes from the list of procedures that are payable when performed or provided in an ASC:

Deleted Code	Deleted Code	Deleted Code	Deleted Code	Deleted Code
11404	14061	27520	42000	68340
11424	15732	27760	42107	68810
11444	15734	27780	42200	69145
11446	15738	27786	42205	69450
11604	15740	27808	42210	69725
11624	19100	28400	42215	69740
11644	20670	30801	42220	69745
12021	21040	30915	42409	69840
13100	21050	30920	42425	86077
13101	21206	31233	42860	86078
13120	21210	31235	42892	86079
13121	21249	31237	52000	
13131	21325	31238	52881	
13132	21355	38505	53850	
13150	21440	40700	55700	
13151	21485	40701	58820	
13152	22305	40814	60000	
14000	23600	41009	64420	
14020	23620	41010	64430	
14021	24576	41112	64736	
14040	24670	41520	65800	
14041	25505	41800	65805	
14060	26605	41827	67141	

Ambulatory Surgery Centers Fee Schedule

To obtain the new ASC fee schedule, visit MAA's website at <http://maa.dshs.wa.gov>. Click on the Billing Instructions/Numbered Memoranda link and then on the Fee Schedules link.

Bill MAA your usual and customary charge.

How can I get MAA's provider issuances?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.